

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000089375

**Entity Name:** SARA A. RAMOS, DDS, P.A.

**Current Principal Place of Business:**

8370 W FLAGLER STREET  
SUITE 100  
MIAMI, FL 33144

**Current Mailing Address:**

8370 W FLAGLER ST  
100  
MIAMI, FL 33144 US

**FEI Number:** 20-5155224

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMOS, SARA A  
6441 SW 62ND TERR  
SOUTH MIAMI, FL 33143 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | P/S                  |
| Name            | RAMOS, SARA A        |
| Address         | 6441 SW 62ND TERR    |
| City-State-Zip: | SOUTH MIAMI FL 33143 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARA RAMOS

**OWNER**

**06/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date